



Explain any unusual family circumstances that make camp especially important for the child. This information helps us with general planning as well as with determining scholarship eligibility: (for example: recent crisis, change of placement, severe economic needs, etc.)

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The cost of Camp Hero is \$500 and includes lodging, meals, and all camp activities excluding purchases that campers may choose to make during free time from camp stores. Please indicate if funds are available for the camper to attend Camp Hero (from parent/guardian/agency/outside scholarship/etc.) or if you are requesting a scholarship from Camp Hero. Please check all that apply:

- We are able to pay the full amount     We are able to pay a portion of the full amount: \_\_\_\_\_
- The following agency/organization will pay for camp: \_\_\_\_\_     We are requesting a scholarship from Camp Hero

**CAMPER EMOTIONAL/BEHAVIORAL HISTORY**

	Often	Sometimes	Not at all		Often	Sometimes	Not at all
Aggressiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Night Terrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedwetting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Runs Away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Acting Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyperactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning & Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tantrums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide details as needed for answers above: \_\_\_\_\_

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**CAMPER DETAILS:**

This child's swimming ability is:  Good  Poor  Do not Know

Learning Disabilities:  Yes  No Reading Level: \_\_\_\_\_

Has the child been to summer camp before?  Yes If yes, where? \_\_\_\_\_  No

Camper Pajama Size:  Extra Small  Small  Medium  Large  Extra Large

Camper T-Shirt Size:  Child Medium  Child Large  Adult Medium  Adult Large  Adult Extra Large

**HEALTH HISTORY**

*Indicate all known allergies, illness, disabilities, physical limitations or medical complications:*

Allergies \_\_\_\_\_

Illnesses/medical complications \_\_\_\_\_

Disabilities/Limitations \_\_\_\_\_

Leg or Arm Braces  Hearing Aids  Eating Disorder  Yes  No  Dietary Restrictions  Yes  No

*Indicate date of illness, severity, complications, and any residual impairments.*

Respiratory Problems \_\_\_\_\_ Hypoglycemia \_\_\_\_\_ Musculoskeletal Allergies \_\_\_\_\_

Heart or Circulation \_\_\_\_\_ Dizzy Spells \_\_\_\_\_ Foot \_\_\_\_\_

Pulmonary Edema \_\_\_\_\_ Back \_\_\_\_\_ Seizure Disorders \_\_\_\_\_

Hay Fever \_\_\_\_\_ Anaphylactic Shock \_\_\_\_\_ Poison Oak \_\_\_\_\_

Balance Problems \_\_\_\_\_ Diabetes \_\_\_\_\_ Fainting \_\_\_\_\_

Insect Bites \_\_\_\_\_ Drug Allergy \_\_\_\_\_ Other \_\_\_\_\_

Details from above: \_\_\_\_\_

Any specific activities to be **encouraged**? \_\_\_\_\_

Any specific activities to be **restricted**? \_\_\_\_\_

**IMMUNIZATION HISTORY:**

*Please fill in dates of basic immunizations and most recent booster as best as you can.*

DTP Series \_\_\_\_\_ Booster \_\_\_\_\_ Tetanus Booster \_\_\_\_\_ Polio OPV (Sabin) \_\_\_\_\_

Typhoid \_\_\_\_\_ Measles Vaccine (live) \_\_\_\_\_ Tuberculin (TB) Test \_\_\_\_\_

German Measles (Rubella) \_\_\_\_\_ Mumps Vaccine (live) \_\_\_\_\_ Smallpox \_\_\_\_\_

**PRESCRIPTION MEDICATIONS:** *All medication sent to camp must be in original container with the pharmacy label on it.*

Is your child taking any medications?  No  Yes, please fill in the following

1. Name \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

2. Name \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

3. Name \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

What is(are) the medication(s) for: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

*Please add any other comments related to HEALTH and MEDICATIONS on an additional sheet.*

I understand that it is my responsibility as caregiver to make sure that all instructions are clear and that the necessary dosage is adequately supplied for the duration of camp. I hereby authorize the Camp Hero nurse to administer the above medication from \_\_\_\_\_ to \_\_\_\_\_.  
Day/Date Day/Date

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**MEDICAL RELEASE FORM:**

This health history is correct so far as I know, and the above named minor has permission to engage in all prescribed program activities, except as noted. The undersigned do hereby authorize Every Child Home, Inc. and the directors of Camp Hero, or such substitute as they may designate, as agent for the undersigned to consent to an X-Ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of the Medicine Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, camp or elsewhere. This authorization will remain effective while the above minor is enroute to and from or involved or participating in any camp program, unless revoked in writing by the undersigned and delivered to the Director of Camp Hero as legal guardian/social worker/other. I give my permission for \_\_\_\_\_ to Camp Hero in the summer of 2021.  
 Camper

\_\_\_\_\_  
 Authorized Signature Printed Name Date

Child's Medicaid # \_\_\_\_\_ AND/OR Name of Additional/Alternate Private Insurer \_\_\_\_\_

Additional/Alternate Insurance Policy # \_\_\_\_\_ Additional/Alternate Group # \_\_\_\_\_

Signature of authorized person: \_\_\_\_\_

Relationship of authorized person to child: \_\_\_\_\_ Date \_\_\_\_\_

**PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATIONS**

I hereby give Camp Hero's Nurse permission to administer the following over-the-counter products according to manufacturer's instructions, or as otherwise specified.

I trust the Camp Hero Nurse to use his/her best judgment as situations arise, and if in doubt, he/she may call for verification.

Please check YES or NO for the medications listed blow. This form must be completely filled out by the primary caregiver who signs below, or the camper may not attend camp.

YES	NO	Specify if desired:
<input type="checkbox"/>	<input type="checkbox"/>	Sunblock _____
<input type="checkbox"/>	<input type="checkbox"/>	Insect repellent _____
<input type="checkbox"/>	<input type="checkbox"/>	Lip balm _____
<input type="checkbox"/>	<input type="checkbox"/>	Rash ointment _____
<input type="checkbox"/>	<input type="checkbox"/>	Tylenol _____
<input type="checkbox"/>	<input type="checkbox"/>	Antiseptic ointment _____
<input type="checkbox"/>	<input type="checkbox"/>	Band-aids _____
<input type="checkbox"/>	<input type="checkbox"/>	Anti-itch cream _____
<input type="checkbox"/>	<input type="checkbox"/>	Hydrogen peroxide _____
<input type="checkbox"/>	<input type="checkbox"/>	Cough syrup _____
<input type="checkbox"/>	<input type="checkbox"/>	Cough drops _____
<input type="checkbox"/>	<input type="checkbox"/>	Decongestant _____
<input type="checkbox"/>	<input type="checkbox"/>	Antihistamine _____
<input type="checkbox"/>	<input type="checkbox"/>	Ipecac syrup _____
<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Parent or Legal Guardian's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Person Authorized to pick-up child \_\_\_\_\_